



## Application for Minority / Women Business Enterprises

Return to McHenry County Planning & Development  
Community Development Division  
2220 N. Seminary Avenue  
Woodstock, Illinois 60098  
Telephone: (815) 334-4560 Fax: (815) 337-3720

Date of application: \_\_\_\_\_

I am applying for recognition as a:

- Minority Business Enterprise
- Woman Business Enterprise

**(Applicants seeking recognition must be U.S. Citizens or permanent residents)**

*Instructions: Please answer each question to the best of your ability.*

### APPLICANT INFORMATION

Name of Firm: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street City State Zip Code

Business Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Parent Company (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Federal Employer ID# \_\_\_\_\_

#### Type of Business (Check One):

Construction Contractor

General Contractor

Supplier of Construction Goods

Special Trade

Other (Specify) \_\_\_\_\_

**Briefly describe products and/or services provided:**

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### **OWNERSHIP OF FIRM**

**(Must have ownership of company for one (1) year prior to applying for recognition)**

Indicate whether the business is:

Corporation<sup>1</sup>:      Yes      No      Date of Incorporation: \_\_\_\_\_ TIN<sup>2</sup> \_\_\_\_\_

Sole Proprietorship:      Yes      No      Date Established: \_\_\_\_\_ BRC<sup>3</sup> \_\_\_\_\_

Limited Liability Company:      Yes      No

Partnership:      Yes      No      Date of Agreement: \_\_\_\_\_ BRC \_\_\_\_\_

Has the firm done or is it currently doing business under another name?      Yes      No

If yes, please explain: \_\_\_\_\_

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### **The following table is for Corporations, Limited Liability Company and Partnerships**

Identify those who hold 5% or more of the firm's ownership (For partnerships, identify those who have a percentage of ownership)

NAME/TITLE	RACE/ ETHNICITY*	GENDER	YEARS OWNED	SALARY	STOCK (COMMON/ PREFERRED)	CITIZEN	LAWFULLY ADMITTED PERMANENT RESIDENTS

\*Asian/Pacific Americans, Black Americans, Hispanic Americans, Hasidic Jews, Women

<sup>1</sup> Does not include affiliates, wholly owned subsidiaries or divisions

<sup>2</sup> Tax Identification Number

<sup>3</sup> Business Registration Certificate Number

## CONTROL OF FIRM

Identify by name, race, gender, title, and job classification of those individuals in the firm who are responsible for day-to-day management and policy decision making including but not limited to those with prime responsibility for (include owners and non-owners):

	NAME	RACE/ETHNICITY*	GENDER	TITLE
Financial Decisions				
Signing of Checks, Payroll, Purchasing, other				
Hiring/Firing of Management Personnel				
Purchase of Major Supplies/Items				
Supervision Field Operations				
Negotiating/Signing Contracts				
Credit Acquisition				
Management Decisions				
Bid Negotiations/Scheduling				
Office Management				
Bonding/Insurance				
Operating Management				

\*Asian/Pacific Americans, Black Americans, Hispanic Americans, Hasidic Jews, Women

To the best of your knowledge, identify any owner or employee management official of the MBE/WBE enterprise who is currently, or has been previously, an employee of a majority-owned firm that has an ownership interest in, or a present business relationship with the minority/female-owned firm requesting recognition.

NAME	RACE/ETHNICITY*	GENDER	TITLE/JOB CLASSIFICATION

\*Asian/Pacific Americans, Black Americans, Hispanic Americans, Hasidic Jews, Women

## CURRENT EMPLOYMENT DATA

JOB	Asian/Pacific Americans		Black American		Black/African American		Native American		Hispanic Americans		Hasidic Jews	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officer/Manager												
Professionals												
Technicians												
Sales Workers												
Office/Clerical												
Craftsperson Semi-Skilled												
Laborers Unskilled												
Service Workers												

Identify all current full-time employees including officers on payroll. Use additional sheets, if necessary.

NAME	RACE/ETHNICITY*	GENDER	TITLE/JOB CLASSIFICATION	DEPT.	LENGTH OF EMPLOYMENT

\*Asian/Pacific Americans, Black Americans, Hispanic Americans, Hasidic Jews, Women

## DOCUMENTATION

Submit the following documents (and any amendments) as designated with the attached affidavit:

For Corporation Submit	For LLC	For Partnership Submit	For Proprietorship Submit	
X	X	X	X	Birth Certificate/Proof of Permanent Residency
X	X	X	X	Resume of principals of your company showing education, training and employment with dates
X	X	X	X	Licenses required by City, County and State
X		X	X	Office Rental or Lease or Rental Receipts
X	X	X	X	Equipment Rental or Lease Agreements or Rent Receipts
X	X	X	X	Six Cancelled Business Checks (Front & Back)
X	X	X	X	Three signed copies of current contracts and related purchase orders
X	X	X	X	Employee Identification Number
X	<b>X*</b>	<b>X*</b>		Copy of registered stock certificate(s) issued
X				Articles of Incorporation, including State certificate
X				Minutes of first corporate meeting
	X			Recorded Articles of Organization
	X			Filed Annual Report
<b>X**</b>		X	X	Assumed Name Certificate
X	X	X		Certificate of Good Standing
<b>X***</b>	X			Authority to Transact Business in the State of Illinois
	<b>X***</b>			Authority to Transact Business in the State of Illinois

\*if applicable

\*\*if you are a corporation using a dba

\*\*\*if you are a business located outside of the State of Illinois

### Please list two Business Credit References

1. Firm Name \_\_\_\_\_  
 Contact/Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

2. Firm Name \_\_\_\_\_  
 Contact/Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

## AFFIDAVIT

A signed affidavit with original signature must accompany the application.

The undersigned swears that the foregoing statements are made as part of this application are true and correct and includes all material information necessary to:

1. Identify and explain the operations of (Name of Company)

2. Identify the ownership thereof

3. Establish their eligibility for recognition as a

Minority Business Enterprise

Woman Business Enterprise

Further, the undersigned agrees to provide directly to the McHenry County Planning & Development Community Development Division all information and materials as may be required to substantiate the ownership and control by \_\_\_\_\_ of the company.

If, after filing this document there is any change (during the ensuing calendar year) in the information submitted herein, the undersigned will immediately submit the changes to the McHenry County Planning & Development Community Development Division.

### NOTARIZATION:

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

State of Illinois, County of \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared (Name) \_\_\_\_\_, that he or she was properly authorized by (Name of Firm) \_\_\_\_\_, to execute the Affidavit and did so as his or her free act and deed.

SEAL

Notary Public \_\_\_\_\_